

## One Page Summary of Cross-State Telehealth Advocacy Framework

*Informed by Discussion at Removing Licensure Barriers to Interstate Telehealth: A Policy Submit  
May 20<sup>th</sup>, 2025 at the Johns Hopkins Bloomberg Center in Washington, DC*

This document summarizes actionable proposals discussed during the "Removing Licensure Barriers to Interstate Telehealth" Summit, held on May 20, 2025, at the Johns Hopkins Bloomberg Center. This event was attended by over 60 experts across health systems, advocates, as well as policy and legal experts. The focus of the summit was identifying specific strategies to improve cross-state telehealth by addressing licensure barriers, with two primary proposals emerging as top priorities for the group:

### **1. Continuity of Care Model (Established Care Model):**

This model ensures uninterrupted care for patients who need cross-state telehealth services, including those traveling temporarily, college students residing in another state, or individuals seeking specialized care in a different state. The group suggested a federal law allowing providers to continue care with an established patient without requiring full licensure across multiple states. Key components include:

- **Target Population:** Patients with existing relationships who require telehealth services across state lines.
- **Conditions:** Requires documentation of an initial visit and sets time limits for telehealth care (e.g., up to 3 years). Providers would still need to follow any state-specific laws in the location where the patient is located.
- **Benefits:** Improves patient access, reduces administrative burdens, and avoids significant costs and delays for providers.

### **2. National Telehealth Specialty Registry:**

The summit highlighted the need for a National Telehealth Specialty Registry to address licensure barriers and enable providers in good standing to efficiently deliver telehealth care across state lines under well-defined guardrails. The registry would provide portability for providers with no prior disciplinary actions and create opportunities for impactful use cases such as care for rare and life-threatening conditions, clinical trials, complex consultations, and specialty screenings. Federal action, supported by the Commerce Clause, and partnerships with agencies like the Department of Health and Human Services (HHS) and the Federation of State Medical Boards (FSMB), would be essential to operationalize this proposal. Once instituted, providers would register and pay a single fee to gain national cross-state licensure portability with oversight ensuring safety and compliance and cooperation across states.

### **Current Landscape:**

The event discussion built upon prior national efforts, including the FSMB Telemedicine Practice Statement (2022) and the Uniform Telehealth Act (2022). While these efforts provide guidance and model language, challenges remain regarding true portability, high costs, inconsistent state adoption, and difficulty in implementation.

### **Recommendations:**

The combined adoption of the Continuity of Care Model and the National Telehealth Registry would represent a transformative step toward solving licensure roadblocks. These strategies are designed to advance healthcare delivery systems, offer greater flexibility to providers, and improve cross-state telehealth access for patients while preserving state-level oversight.